

## County of Los Angeles Department of Public Social Services

## Americans with Disabilities Act (ADA)

## Request for Reasonable Modifications

The Los Angeles County Department of Public Social Services (DPSS) does not discriminate against qualified individuals with disabilities in its services, programs, or activities. The law requires DPSS to provide reasonable modifications to individuals with a disability.

We can give you extra help or modify some program requirements and practices. Below are examples of things we can help you with:

- Getting through the lines
- Reading our documents and forms
- Filling out our forms
- Getting documents we need
- Changes to work and other program requirements
- Making appointments
- Other reasonable modifications

You can submit the attached request form to any DPSS employee or you can ask any DPSS employee for help. You may also contact the ADA Liaison at your local DPSS Office or contact:

DPSS ADA Title II Coordinator 12860 Crossroads Parkway South City of Industry, CA 91746 Phone: (844) 586-5550 Fax: (562) 692-2240

Email: adahelp@dpss.lacounty.gov

**TTY: (877) 735-2929 (California Relay) (Office hours only 7:00 a.m. to 4:30 p.m.)** 

Identifying the appropriate reasonable modification is a cooperative process that will be evaluated on an individual basis. DPSS will provide a response to your request or requests for modification within five (5) working days from the date the request was received.

Note: You are not required to complete this form to be provided a modification.



## Los Angeles County Department of Public Social Services Americans with Disabilities Act (ADA) Request for Reasonable Modifications

Last Name	First Name	)	MI
Home Address	City	State	Zip
Phone	TTY:	Email Address:	
How would you like to be informed about the status of your request for modification?  □ Phone □ Writing □ Email □ Other:			
What do you need help with? (check all that apply)			
☐ Reading ☐	Hearing	Speaking	Understanding
☐ Seeing ☐	Standing	Remembering	Walking
Other:	Dealing with emotions		
Describe how we can help you. (Use additional sheet if necessary)			
☐ Other:	eduling an appointment	☐ American Sign L	anguage (ASL)
All requests for modifications will be evaluated individually and a response to your request will be provided within 5 workdays.			
Signature:		_ Date: _	
FOR DPSS USE ONLY  Please complete and forward one copy for evaluation to: ADA Title II Coordinator, 12860 Crossroads Parkway South, City of Industry, CA 91746. ADA Hotline: (844) 586-5550 Fax: (562) 692-2240. Email: DPSSADA@dpss.lacounty.gov  Received by (Print Name and Title):			
Authorized by:		_ Date:	